
State: District of Columbia **Filing Company:** Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: 1480: 5 & 10 Yr Term Series 414, 415

Project Name/Number: 1480: 5 & 10 Yr Term Series 414, 415/1480: 5 & 10 Yr Term Series 414, 415

Filing at a Glance

Company: Americo Financial Life and Annuity Insurance Company

Product Name: 1480: 5 & 10 Yr Term – Series 414, 415

State: District of Columbia

TOI: L04I Individual Life - Term

Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Filing Type: Form

Date Submitted: 09/03/2015

SERFF Tr Num: AFLC-130227990

SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: 1480

Implementation: On Approval

Date Requested:

Author(s): Christina Handy

Reviewer(s):

Disposition Date:

Disposition Status:

Implementation Date:

State: District of Columbia
Filing Company: Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: 1480: 5 & 10 Yr Term Series 414, 415
Project Name/Number: 1480: 5 & 10 Yr Term Series 414, 415/1480: 5 & 10 Yr Term Series 414, 415

General Information

Project Name: 1480: 5 & 10 Yr Term – Series 414, 415
Project Number: 1480: 5 & 10 Yr Term Series 414, 415
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Christina Handy

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Texas Domicile pending Interstate Compact.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 09/03/2015
State Status Changed:
Created By: Christina Handy
Corresponding Filing Tracking Number:

Filing Description:

Enclosed, for your review and approval, is a new 5 and 10 Year Level Term Life Insurance Policy and an individual life insurance application. These forms will be used in the individual life insurance market by our licensed independent agents. These forms will be used as either a paper application or in an electronic (E-App) format. Information regarding the application process will be located under the supporting documentation tab.

Policy ADC414

Series ADC414 is a Ten Year Term Life Insurance Policy with a death benefit payable at the death of the insured. The premiums are payable during the lifetime of the insured until the Policy Expiry Date. After the level premium period, the policy expires. This policy has no cash value.

Policy ADC415

Series ADC415 is a 5 Year Term Life Insurance Policy with a death benefit payable at the death of the insured. The premiums are payable during the lifetime of the insured until the Policy Expiry Date. After the level premium period, the policy expires. This policy has no cash value.

Application ADC5414

Series ADC5414 is an Individual Life Insurance Application which will be used to apply for these policies.

These forms are new and do not replace any previously approved form.

To the best of our knowledge and belief, this filing is complete and complies with the regulations of your jurisdiction.

Company and Contact

Filing Contact Information

Christina Handy, FMLI, AIRC, CCP, Senior chris.handy@americo.com
Compliance Analyst - Filing
300 W. 11th St. 816-391-2719 [Phone]
Kansas City, MO 64015

State: District of Columbia **Filing Company:** Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: 1480: 5 & 10 Yr Term Series 414, 415

Project Name/Number: 1480: 5 & 10 Yr Term Series 414, 415/1480: 5 & 10 Yr Term Series 414, 415

Filing Company Information

Americo Financial Life and Annuity Insurance Company	CoCode: 61999	State of Domicile: Texas
300 West 11th Street	Group Code: 449	Company Type:
Kansas City, MO 64105	Group Name:	State ID Number:
(800) 231-0801 ext. [Phone]	FEIN Number: 35-0810610	

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI:	L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life		
Product Name:	1480: 5 & 10 Yr Term Series 414, 415		
Project Name/Number:	1480: 5 & 10 Yr Term Series 414, 415/1480: 5 & 10 Yr Term Series 414, 415		

Form Schedule

Lead Form Number: ADC414								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Ten Year Term Life Insurance Policy	ADC414	POL	Initial		50.200	ADC414 10 Yr Term [FILING FORM 20150901].pdf
2		Five Year Term Life Insurance Policy	ADC415	POL	Initial		50.200	ADC415 5 Yr Term [FILING FORM 20150901].pdf
3		Application for Individual Life Insurance	ADC5414	AEF	Initial		50.600	ADC5414 [FILING FORM 20150901].pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

A STOCK COMPANY

Home Office:

Dallas, Texas

Administrative Office:

[300 W. 11th Street / P.O. Box 410288 / Kansas City, Missouri 64141-0288]

(Herein called the "Company," "We," "Us," or "Our")

READ YOUR POLICY CAREFULLY

The Policy is a legal contract between the Company and the Owner. Under its terms, "You" and "Your" refer to the Owner of the Policy.

We agree to pay the Death Benefit provided by the Policy subject to its terms and conditions.

NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE THE POLICY

This Policy may be cancelled by delivering or mailing the Policy to Americo Financial Life and Annuity Insurance Company or to the insurance agent through whom it was effected before midnight of the thirtieth (30th) day after receipt of such Policy by the applicant. Upon such delivery or mailing, the Policy shall be void from the beginning. Notice given by mail and return of the Policy by mail is effective on being postmarked, properly addressed and postage prepaid. The Company must return all payments made for this Policy if this Policy is returned..

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this Policy, You may call Our toll-free number [1-800-231-0801]. You may write to the Company at Our Administrative Office address: Americo Financial Life and Annuity Insurance Company, Attention: Customer Service, [P.O. Box 410288, Kansas City, Missouri 64141-0288]. You may also e-mail Us at [customer.service@americo.com].

Signed for the Company at its Administrative Office:

[*President*]
President

[*Secretary*]
Secretary

TEN YEAR TERM LIFE INSURANCE POLICY

INSURANCE PAYABLE AT DEATH OF INSURED AS SHOWN ON A POLICY DATA PAGE
PREMIUMS PAYABLE WHILE THE INSURED IS ALIVE UNTIL THE POLICY EXPIRY DATE
NONPARTICIPATING -- NO DIVIDENDS

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OPTIONAL BENEFITS

If you have purchased any optional benefits, they will be listed in the Premium Schedule section on the Policy Data Page, and the Rider/Endorsement will be inserted in the Policy.

POLICY DATA PAGE

INSURED:	[JOHN DOE]	ISSUE SEX AND AGE:	[MALE], [35]
POLICY NUMBER:	[1234567ABC]	PREMIUM CLASS:	[NON-NICOTINE]
POLICY DATE:	[JANUARY 1, 2015]	ISSUE DATE:	[JANUARY 1, 2015]
MODAL PREMIUM:	[\$192.50]	MODE:	[ANNUAL]
FACE AMOUNT:	[\$250,000]		

PREMIUM SCHEDULE

TYPE OF COVERAGE	FACE AMOUNT	EXPIRY DATE	TOTAL ANNUAL PREMIUM	LEVEL PREMIUM PERIOD
Term Life Insurance Policy	[\$250,000]	[01/01/2025]	[\$192.50]	10 years

SCHEDULE OF MODAL FACTORS

The annual Premium amounts set forth in this Policy, and any riders, are based on the annual premium payment Mode. If Premiums are paid on a Mode other than annual, then the amount of each periodic premium will be the amount of the annual Premium for the base Policy, and any riders, multiplied by the applicable Modal Factor below:

<u>Mode</u>	<u>Modal Factor</u>
[Monthly Direct Bill]	[0.10]
[Quarterly Direct Bill]	[0.30]
[Semiannually]	[0.52]
[Monthly (automatic bank draft)]	[0.095]

IMPORTANT NOTE: The total amount of Premium paid each year will be higher if the Premiums are paid by any Mode other than the annual Mode.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
[P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

DEFINITIONS

In this Policy:

Death Benefit is the amount We are required to pay, under the terms of the Policy, if the Insured dies while the Policy is in force.

Due Proof of Death means a certified copy of the death certificate of the Insured, or other lawful evidence providing equivalent information, and proof of the claimant's interest in the Death Benefit.

Evidence of Insurability is information about a person which We may require to approve, change, or reinstate a Policy or Rider.

Expiry Date means the date all rights and options provided by the Policy end, except those granted under the terms of the Grace Period. The Expiry Date is shown on a Policy Data Page.

In force means "in effect" or "not terminated."

In writing means in a written form satisfactory to Us and filed at Our Administrative Office in Kansas City, Missouri.

Insured refers to the person, named on a Policy Data Page, whose life is insured under the Policy.

Issue Date means the date We issued the Policy. The Issue Date is shown on a Policy Data Page.

Premium means an amount paid to Us as consideration for the benefits provided by the Policy and additional benefits provided by rider, if any. The Premium is shown on a Policy Data Page, or a Rider Data Page, if any.

Policy means the legal contract between the Company and the Owner.

Policy Date refers to the date the Policy was first put in force. The Policy Date is shown on a Policy Data Page.

Policy Anniversary occurs once each year on the same month and day as the Policy Date.

Policy Month is a one month period beginning on the same day of the month as the Policy Date.

"We," "Us," "Our" or the "Company" means Americo Financial Life and Annuity Insurance Company.

"You" or "Your" means the Owner of the Policy.

THE CONTRACT

General

We have issued the Policy in consideration of Your application and the payment of Premiums.

Entire Contract

The Entire Contract consists of:

- 1) The Policy;
- 2) The original application attached;
- 3) Any attached amendments and supplements to the application;
- 4) Any attached riders and endorsements; and
- 5) Any attached application for reinstatement.

In the absence of fraud, We will consider all statements made by or for the Insured, to be representations and not warranties. We can use no such statement to void the Policy, or to defend against a claim under it, unless that statement is in the attached application or in an amendment or supplement to the application when issued or delivered.

Change of Contract Terms

Only Our President or one of Our Vice Presidents can agree to change the terms of this contract or to waive Our rights under it. Such agreements must be in writing and signed by that Officer. No agent, nor any other person, can change the terms of or waive Our rights under this contract in any way.

GENERAL PROVISIONS**Nonparticipating**

This Policy is nonparticipating. It does not share in Our surplus earnings. You will not receive any dividends under the terms of this Policy.

Misstatement of Age or Sex

If the age or sex of the Insured is shown incorrectly on a Policy Data Page, We will adjust the face amount of the Death Benefit Payable subject to required underwriting, if any. The adjusted Death Benefit will be that which the most recent Premium paid would have purchased, based on the Insured's correct age and sex according to Our rate at Issue Date. If the correct age is outside the issue age range for this Policy, the Premium and Death Benefit will be extrapolated.

Termination

The Policy will terminate on the earliest of:

- 1) The date We receive Your request in writing to surrender the Policy;
- 2) The date the Insured dies;
- 3) The end of the Grace Period if a past due Premium remains unpaid; or
- 4) The Term Life Insurance Policy Expiry Date as shown on a Policy Data Page.

Incontestability

We cannot contest the Policy after it has been in force for two (2) years from the Issue Date and during the Insured's lifetime, except for nonpayment of premium.

If there is a change in coverage which requires underwriting, the Policy will become incontestable for two (2) years from the date of the change and during the Insured's lifetime.

Reinstated coverage will become incontestable after it has been reinstated for two (2) years from the date of reinstatement and during the Insured's lifetime.

Policy contests will be limited to material misstatements in the application. Contests of reinstated coverage will be limited to material misstatements in the application for such reinstatement.

Suicide Exclusion

If the Insured, sane or insane, dies by suicide while the Policy is in force and within two (2) years after the Issue Date, the Death Benefit Payable will be limited to the sum of Premiums paid, less any indebtedness.

If the Insured, sane or insane, dies by suicide while the Policy is in force and within two (2) years after the date a reinstatement becomes effective, the Death Benefit Payable will be limited to the sum of premiums paid since reinstatement, less any indebtedness.

Tax Status

The Policy is intended to meet the requirements imposed by federal and state law on life insurance as of the Policy Date. We cannot accept responsibility for the tax treatment of this Policy or any other insurance policy. Please consult Your tax advisor for individual assistance.

Settlement

Settlement will be made in one lump sum.

Claims of Creditors

All payments under this Policy are exempt from the claims of creditors to the extent permitted by law. Payments may not be assigned or withdrawn without Our consent before becoming payable.

Conformity to State Laws

Any terms of this Policy which as of the Policy Date conflict with the laws of the jurisdiction in which it is issued for delivery, are hereby amended to conform to the minimum requirement of such laws.

CONTROL OF THE POLICY**Owner**

The Insured is the Owner of this Policy unless:

- 1) A different Owner is named in the application; or
- 2) A new Owner is later named, subject to the terms of the Change of Ownership provision.

Rights of Ownership

While the Insured is living, You, as Owner, may exercise any right provided to You by the Policy. If the Policy is assigned, Your rights are subject to the rights of any assignee.

If You die before the Insured, Ownership passes to Your estate.

Change of Ownership

While the Insured is living and the Policy is in force, You may name a new Owner by giving Us notice of the change in writing. The change will become effective on the date You sign the notice, subject to any payment or action We may have performed before recording it at Our Administrative Office.

Assignment

This Policy may be assigned. The assignment shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by Us prior to receipt of such notice. No assignment will be recognized by Us unless a copy is filed with Us. We will not be responsible for the validity of any assignment.

The claim of any assignee is subordinate to Ours, including any indebtedness to Us.

The rights of a revocable Beneficiary and Owner are subject to the rights of the assignee. The rights of an irrevocable Beneficiary are not subject to the rights of the assignee.

BENEFICIARY

General

The Beneficiary receives the Death Benefit Payable of the Policy upon the death of the Insured. The Beneficiary of the Policy is as named in the application unless a new Beneficiary is later named, subject to the terms of the Change of Beneficiary provision.

If no named Beneficiary survives the Insured, then You, or in the event of Your death, Your estate, will be named as the Beneficiary.

Change of Beneficiary

While the Insured is living and this Policy is in force, You may name a new Beneficiary by submitting to Us notice of the change in writing. The change will become effective on the date You sign the notice, subject to any payment or action We may have performed before recording it at Our Home Office.

An irrevocable Beneficiary must consent in writing to any request to change the named Beneficiary. If the irrevocable Beneficiary dies before the Insured, You may name a new Beneficiary as explained above.

PREMIUM PAYMENTS

General

All premiums are payable in advance in U.S. funds:

- 1) At Our Administrative Office in [Kansas City, Missouri]; or
- 2) To Our authorized agent in exchange for a receipt signed by one of Our Officers and countersigned by the agent.

The Premium for this Policy, and any attached riders, is shown on a Policy Data Page.

Grace Period

We will allow a Grace Period of thirty-one (31) days after the due date for payment of each Premium after the first. The Policy will continue in force during the Grace Period. If the Insured dies during the Grace Period, We will deduct from the Death Benefit Payable the premium needed to cover the period from the beginning of the Grace Period to the end of the Policy Month. If a Premium is not paid by the end of the Grace Period, the Policy will terminate.

Any payment sent by U.S. mail shall be postmarked within the Grace Period.

Reinstatement

If the Policy terminates under the terms of the Grace Period provision, We will reinstate the Policy if:

- 1) You request reinstatement in writing within three (3) years after the Grace Period ends;
- 2) You provide satisfactory Evidence of Insurability; and
- 3) You pay all past due Premiums plus 6% interest per year, compounded annually, from the Premium due date(s) to the date of Reinstatement.

The effective date of Reinstatement will be the date we approve the application for Reinstatement.

PAYMENT OF DEATH BENEFIT PROVISIONS

Death Benefit Payable

If the Insured dies while this Policy is in force or during the Grace Period, We will pay the Death Benefit Payable when We receive the Insured's Due Proof of Death. The Death Benefit Payable upon death of the Insured will be:

- 1) The face amount shown on a Policy Data Page; plus
- 2) The Death Benefit of any riders on the life of the Insured if any; plus
- 3) Any part of the Premium paid which applies to the unexpired term of the Policy beyond the Policy Month of the Insured's death; minus
- 4) Any past due Premiums; plus
- 5) Interest as provided in the Interest on Death Benefit provision below.

The Death Benefit Payable will be subject to the terms of the **Suicide Exclusion**, the **Misstatement of Age or Sex**, and the **Incontestability** provisions.

Interest on Death Benefit

We will pay interest on the Death Benefit paid as follows:

- (a) interest shall accrue and be payable from the date of death;
- (b) interest shall accrue at the rate or rates applicable to the Policy for funds left on deposit or, if We have not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. In determining these rates, We will use the rate in effect on the date of death;
- (c) interest shall accrue at the effective annual rate determined in item (b) above, plus additional interest at a rate of 10% annually beginning with the date that is thirty-one (31) calendar days from the latest of items (i), (ii), and (iii) to the date the claim is paid, where it is:
 - (i) the date that Due Proof of Death is received by Us;
 - (ii) the date We receive sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the Death Benefit; and
 - (iii) the date that legal impediments to Payment of Death Benefit that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. Legal impediments to Payment of Death Benefit include, but are not limited to: (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors, and administrators; and (c) the submission of information required to satisfy state and federal reporting requirements.

Examination and Autopsy

We may have the Insured's body examined and an autopsy performed at Our expense, unless prohibited by law.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

TEN YEAR TERM LIFE INSURANCE POLICY

INSURANCE PAYABLE AT DEATH OF INSURED AS SHOWN ON A POLICY DATA PAGE
PREMIUMS PAYABLE WHILE THE INSURED IS ALIVE UNTIL THE POLICY EXPIRY DATE
NONPARTICIPATING -- NO DIVIDENDS



AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

A STOCK COMPANY

Home Office:

Dallas, Texas

Administrative Office:

[300 W. 11th Street / P.O. Box 410288 / Kansas City, Missouri 64141-0288]

(Herein called the "Company," "We," "Us," or "Our")

READ YOUR POLICY CAREFULLY

The Policy is a legal contract between the Company and the Owner. Under its terms, "You" and "Your" refer to the Owner of the Policy.

We agree to pay the Death Benefit provided by the Policy subject to its terms and conditions.

NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE THE POLICY

This Policy may be cancelled by delivering or mailing the Policy to Americo Financial Life and Annuity Insurance Company or to the insurance agent through whom it was effected before midnight of the thirtieth (30th) day after receipt of such Policy by the applicant. Upon such delivery or mailing, the Policy shall be void from the beginning. Notice given by mail and return of the Policy by mail is effective on being postmarked, properly addressed and postage prepaid. The Company must return all payments made for this Policy if this Policy is returned..

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this Policy, You may call Our toll-free number [1-800-231-0801]. You may write to the Company at Our Administrative Office address: Americo Financial Life and Annuity Insurance Company, Attention: Customer Service, [P.O. Box 410288, Kansas City, Missouri 64141-0288]. You may also e-mail Us at [customer.service@americo.com].

Signed for the Company at its Administrative Office:

President
President

Secretary
Secretary

FIVE YEAR TERM LIFE INSURANCE POLICY

INSURANCE PAYABLE AT DEATH OF INSURED AS SHOWN ON A POLICY DATA PAGE
PREMIUMS PAYABLE WHILE THE INSURED IS ALIVE UNTIL THE POLICY EXPIRY DATE
NONPARTICIPATING -- NO DIVIDENDS

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OPTIONAL BENEFITS

If you have purchased any optional benefits, they will be listed in the Premium Schedule section on the Policy Data Page, and the Rider/Endorsement will be inserted in the Policy.

POLICY DATA PAGE

INSURED:	[JOHN DOE]	ISSUE SEX AND AGE:	[MALE], [35]
POLICY NUMBER:	[1234567ABC]	PREMIUM CLASS:	[NON-NICOTINE]
POLICY DATE:	[JANUARY 1, 2015]	ISSUE DATE:	[JANUARY 1, 2015]
MODAL PREMIUM:	[\$172.50]	MODE:	[ANNUAL]
FACE AMOUNT:	[\$250,000]		

PREMIUM SCHEDULE

TYPE OF COVERAGE	FACE AMOUNT	EXPIRY DATE	TOTAL ANNUAL PREMIUM	LEVEL PREMIUM PERIOD
Term Life Insurance Policy	[\$250,000]	[01/01/2020]	[\$172.50]	5 years

SCHEDULE OF MODAL FACTORS

The annual Premium amounts set forth in this Policy, and any riders, are based on the annual premium payment Mode. If Premiums are paid on a Mode other than annual, then the amount of each periodic premium will be the amount of the annual Premium for the base Policy, and any riders, multiplied by the applicable Modal Factor below:

<u>Mode</u>	<u>Modal Factor</u>
[Monthly Direct Bill]	[0.10]
[Quarterly Direct Bill]	[0.30]
[Semiannually]	[0.52]
[Monthly (automatic bank draft)]	[0.095]

IMPORTANT NOTE: The total amount of Premium paid each year will be higher if the Premiums are paid by any Mode other than the annual Mode.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
[P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

DEFINITIONS

In this Policy:

Death Benefit is the amount We are required to pay, under the terms of the Policy, if the Insured dies while the Policy is in force.

Due Proof of Death means a certified copy of the death certificate of the Insured, or other lawful evidence providing equivalent information, and proof of the claimant's interest in the Death Benefit.

Evidence of Insurability is information about a person which We may require to approve, change, or reinstate a Policy or Rider.

Expiry Date means the date all rights and options provided by the Policy end, except those granted under the terms of the Grace Period. The Expiry Date is shown on a Policy Data Page.

In force means "in effect" or "not terminated."

In writing means in a written form satisfactory to Us and filed at Our Administrative Office in Kansas City, Missouri.

Insured refers to the person, named on a Policy Data Page, whose life is insured under the Policy.

Issue Date means the date We issued the Policy. The Issue Date is shown on a Policy Data Page.

Premium means an amount paid to Us as consideration for the benefits provided by the Policy and additional benefits provided by rider, if any. The Premium is shown on a Policy Data Page, or a Rider Data Page, if any.

Policy means the legal contract between the Company and the Owner.

Policy Date refers to the date the Policy was first put in force. The Policy Date is shown on a Policy Data Page.

Policy Anniversary occurs once each year on the same month and day as the Policy Date.

Policy Month is a one month period beginning on the same day of the month as the Policy Date.

"We," "Us," "Our" or the "Company" means Americo Financial Life and Annuity Insurance Company.

"You" or "Your" means the Owner of the Policy.

THE CONTRACT

General

We have issued the Policy in consideration of Your application and the payment of Premiums.

Entire Contract

The Entire Contract consists of:

- 1) The Policy;
- 2) The original application attached;
- 3) Any attached amendments and supplements to the application;
- 4) Any attached riders and endorsements; and
- 5) Any attached application for reinstatement.

In the absence of fraud, We will consider all statements made by or for the Insured, to be representations and not warranties. We can use no such statement to void the Policy, or to defend against a claim under it, unless that statement is in the attached application or in an amendment or supplement to the application when issued or delivered.

Change of Contract Terms

Only Our President or one of Our Vice Presidents can agree to change the terms of this contract or to waive Our rights under it. Such agreements must be in writing and signed by that Officer. No agent, nor any other person, can change the terms of or waive Our rights under this contract in any way.

GENERAL PROVISIONS**Nonparticipating**

This Policy is nonparticipating. It does not share in Our surplus earnings. You will not receive any dividends under the terms of this Policy.

Misstatement of Age or Sex

If the age or sex of the Insured is shown incorrectly on a Policy Data Page, We will adjust the face amount of the Death Benefit Payable subject to required underwriting, if any. The adjusted Death Benefit will be that which the most recent Premium paid would have purchased, based on the Insured's correct age and sex according to Our rate at Issue Date. If the correct age is outside the issue age range for this Policy, the Premium and Death Benefit will be extrapolated.

Termination

The Policy will terminate on the earliest of:

- 1) The date We receive Your request in writing to surrender the Policy;
- 2) The date the Insured dies;
- 3) The end of the Grace Period if a past due Premium remains unpaid; or
- 4) The Term Life Insurance Policy Expiry Date as shown on a Policy Data Page.

Incontestability

We cannot contest the Policy after it has been in force for two (2) years from the Issue Date and during the Insured's lifetime, except for nonpayment of premium.

If there is a change in coverage which requires underwriting, the Policy will become incontestable for two (2) years from the date of the change and during the Insured's lifetime.

Reinstated coverage will become incontestable after it has been reinstated for two (2) years from the date of reinstatement and during the Insured's lifetime.

Policy contests will be limited to material misstatements in the application. Contests of reinstated coverage will be limited to material misstatements in the application for such reinstatement.

Suicide Exclusion

If the Insured, sane or insane, dies by suicide while the Policy is in force and within two (2) years after the Issue Date, the Death Benefit Payable will be limited to the sum of Premiums paid, less any indebtedness.

If the Insured, sane or insane, dies by suicide while the Policy is in force and within two (2) years after the date a reinstatement becomes effective, the Death Benefit Payable will be limited to the sum of premiums paid since reinstatement, less any indebtedness.

Tax Status

The Policy is intended to meet the requirements imposed by federal and state law on life insurance as of the Policy Date. We cannot accept responsibility for the tax treatment of this Policy or any other insurance policy. Please consult Your tax advisor for individual assistance.

Settlement

Settlement will be made in one lump sum.

Claims of Creditors

All payments under this Policy are exempt from the claims of creditors to the extent permitted by law. Payments may not be assigned or withdrawn without Our consent before becoming payable.

Conformity to State Laws

Any terms of this Policy which as of the Policy Date conflict with the laws of the jurisdiction in which it is issued for delivery, are hereby amended to conform to the minimum requirement of such laws.

CONTROL OF THE POLICY**Owner**

The Insured is the Owner of this Policy unless:

- 1) A different Owner is named in the application; or
- 2) A new Owner is later named, subject to the terms of the Change of Ownership provision.

Rights of Ownership

While the Insured is living, You, as Owner, may exercise any right provided to You by the Policy. If the Policy is assigned, Your rights are subject to the rights of any assignee.

If You die before the Insured, Ownership passes to Your estate.

Change of Ownership

While the Insured is living and the Policy is in force, You may name a new Owner by giving Us notice of the change in writing. The change will become effective on the date You sign the notice, subject to any payment or action We may have performed before recording it at Our Administrative Office.

Assignment

This Policy may be assigned. The assignment shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by Us prior to receipt of such notice. No assignment will be recognized by Us unless a copy is filed with Us. We will not be responsible for the validity of any assignment.

The claim of any assignee is subordinate to Ours, including any indebtedness to Us.

The rights of a revocable Beneficiary and Owner are subject to the rights of the assignee. The rights of an irrevocable Beneficiary are not subject to the rights of the assignee.

BENEFICIARY**General**

The Beneficiary receives the Death Benefit Payable of the Policy upon the death of the Insured. The Beneficiary of the Policy is as named in the application unless a new Beneficiary is later named, subject to the terms of the Change of Beneficiary provision.

If no named Beneficiary survives the Insured, then You, or in the event of Your death, Your estate, will be named as the Beneficiary.

Change of Beneficiary

While the Insured is living and this Policy is in force, You may name a new Beneficiary by submitting to Us notice of the change in writing. The change will become effective on the date You sign the notice, subject to any payment or action We may have performed before recording it at Our Home Office.

An irrevocable Beneficiary must consent in writing to any request to change the named Beneficiary. If the irrevocable Beneficiary dies before the Insured, You may name a new Beneficiary as explained above.

PREMIUM PAYMENTS**General**

All premiums are payable in advance in U.S. funds:

- 1) At Our Administrative Office in [Kansas City, Missouri]; or
- 2) To Our authorized agent in exchange for a receipt signed by one of Our Officers and countersigned by the agent.

The Premium for this Policy, and any attached riders, is shown on a Policy Data Page.

Grace Period

We will allow a Grace Period of thirty-one (31) days after the due date for payment of each Premium after the first. The Policy will continue in force during the Grace Period. If the Insured dies during the Grace Period, We will deduct from the Death Benefit Payable the premium needed to cover the period from the beginning of the Grace Period to the end of the Policy Month. If a Premium is not paid by the end of the Grace Period, the Policy will terminate.

Any payment sent by U.S. mail shall be postmarked within the Grace Period.

Reinstatement

If the Policy terminates under the terms of the Grace Period provision, We will reinstate the Policy if:

- 1) You request reinstatement in writing within three (3) years after the Grace Period ends;
- 2) You provide satisfactory Evidence of Insurability; and
- 3) You pay all past due Premiums plus 6% interest per year, compounded annually, from the Premium due date(s) to the date of Reinstatement.

The effective date of Reinstatement will be the date we approve the application for Reinstatement.

PAYMENT OF DEATH BENEFIT PROVISIONS

Death Benefit Payable

If the Insured dies while this Policy is in force or during the Grace Period, We will pay the Death Benefit Payable when We receive the Insured's Due Proof of Death. The Death Benefit Payable upon death of the Insured will be:

- 1) The face amount shown on a Policy Data Page; plus
- 2) The Death Benefit of any riders on the life of the Insured if any; plus
- 3) Any part of the Premium paid which applies to the unexpired term of the Policy beyond the Policy Month of the Insured's death; minus
- 4) Any past due Premiums; plus
- 5) Interest as provided in the Interest on Death Benefit provision below.

The Death Benefit Payable will be subject to the terms of the **Suicide Exclusion**, the **Misstatement of Age or Sex**, and the **Incontestability** provisions.

Interest on Death Benefit

We will pay interest on the Death Benefit paid as follows:

- (a) interest shall accrue and be payable from the date of death;
- (b) interest shall accrue at the rate or rates applicable to the Policy for funds left on deposit or, if We have not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. In determining these rates, We will use the rate in effect on the date of death;
- (c) interest shall accrue at the effective annual rate determined in item (b) above, plus additional interest at a rate of 10% annually beginning with the date that is thirty-one (31) calendar days from the latest of items (i), (ii), and (iii) to the date the claim is paid, where it is:
 - (i) the date that Due Proof of Death is received by Us;
 - (ii) the date We receive sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the Death Benefit; and
 - (iii) the date that legal impediments to Payment of Death Benefit that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. Legal impediments to Payment of Death Benefit include, but are not limited to: (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors, and administrators; and (c) the submission of information required to satisfy state and federal reporting requirements.

Examination and Autopsy

We may have the Insured's body examined and an autopsy performed at Our expense, unless prohibited by law.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

FIVE YEAR TERM LIFE INSURANCE POLICY

INSURANCE PAYABLE AT DEATH OF INSURED AS SHOWN ON A POLICY DATA PAGE
PREMIUMS PAYABLE WHILE THE INSURED IS ALIVE UNTIL THE POLICY EXPIRY DATE
NONPARTICIPATING -- NO DIVIDENDS

SECTION 1. PROPOSED INSURED INFORMATION

1. Proposed Insured's Name (Last, First, MI)		2. <input type="checkbox"/> Single <input type="checkbox"/> Married		4. a. Height _____' _____"	
		3. <input type="checkbox"/> Male <input type="checkbox"/> Female		b. Weight _____ lbs.	
5. Mailing Address (Include City, State, and ZIP. If mailing address is a PO Box, a street address is also required.)					
5. Street Address (Include City, State, and ZIP)					
6. Telephone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Phone			7. Email Address		
8. How long at current address? _____ If less than 5 years at current address, prior address is required.					
9. Social Security Number		10. Date of Birth (MM/DD/YYYY)		11. Age	
				12. Place of Birth (City, State, Country)	
13. Is the Proposed Insured a U.S. Citizen? (If "No," complete the Foreign National and Travel Questionnaire.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
14. Is the Proposed Insured currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
15. Occupation		16. Annual Salary		17. Employer	
18. Description of Job Duties					
19. Within the past [12] months, have you changed or discontinued your usual occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No					

If Yes, provide details:

20. Within the past [12] months, have you used cigarettes, cigars, pipes, chewing tobacco, nicotine patches, snuff, nicotine chewing gum, or any other products containing nicotine or alternative delivery devices such as electronic cigarettes? ☐ Yes ☐ No

21. Excluding any colds, minor virus or minor injuries which prevented normal activities for a period of less than 5 days, within the past [6 months], have you been treated, examined or advised by a member of the medical profession; or been advised by a member of the medical profession to get specific medical care which has not been completed, such as any hospitalization, surgery or diagnostic test, except those related to the Human Immunodeficiency Virus (AIDS virus)? ☐ Yes ☐ No

If Yes, provide details below:

Date of Diagnosis	Medical Diagnosis	Name, Address, and Phone Number of Attending Physician		Date of Last Visit
		Name		
		Address		
		Phone Number		
		Name		
		Address		
		Phone Number		

22. Provide Driver's License Numbers for the last 5 years.

License Number	Name on License (if different than Applicant's name)	State
License Number	Name on License (if different than Applicant's name)	State
License Number	Name on License (if different than Applicant's name)	State

SECTION 2. PRODUCT INFORMATION (Verify that the product is available in the state where the application is being signed.)

1. Plan of Insurance: ☐ Term 5 Year ☐ Term 10 Year ☐ Other: _____
2. Premium Class Applied for: _____
3. Face Amount: \$ _____
4. Premium: \$ _____
5. Mode: ☐ Monthly Bank Draft ☐ Annually ☐ Other: _____
6. Effective Date: ☐ Issue Date ☐ Specific Date _____ ☐ Save Age of _____
(If not checked, will be "Issue Date". Date cannot be the 29th, 30th, or 31st of the month.)

SECTION 3. OWNER INFORMATION (If different from the Proposed Insured.)

- | | | |
|-----------------------------------|-------------------------------------|-----------------------|
| 1. Owner's Name (Last, First, MI) | 2. Relationship to Proposed Insured | 3. SSN or Taxpayer ID |
|-----------------------------------|-------------------------------------|-----------------------|

4. Mailing Address (Include City, State, and ZIP. If mailing address is a PO Box, a street address is also required.)

5. Street Address (Include City, State, and ZIP.)

6. How long at current address? _____ If less than 5 years at current address, prior address is required.

- | | |
|--------------------------------------------------------------------------------------------------------|----------|
| 7. Telephone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | 8. Email |
|--------------------------------------------------------------------------------------------------------|----------|

- | | |
|-------------------------------|-------------------------------------------|
| 9. Date of Birth (MM/DD/YYYY) | 10. Place of Birth (City, State, Country) |
|-------------------------------|-------------------------------------------|

SECTION 4. BENEFICIARY INFORMATION (Include percentage shares. If shares are not given, they will be equal.)

If not specified, all beneficiaries will be Primary.	Name	Social Security Number	Relationship	Date of Birth	Phone Number	Email	% of Share (Must total 100%)
<input type="checkbox"/> Primary							
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent							
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent							
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent							

SECTION 5. LIFE INSURANCE IN FORCE AND REPLACEMENT INFORMATION**Yes No**

1. Does any Proposed Insured have life insurance or annuity applications pending with other companies? ☐ ☐
2. Is there any existing life insurance or annuity coverage on the life of any Proposed Insured? ☐ ☐

(If Yes, provide details below. If NO, skip questions 3, 4, & 5)

Insured's Name (Last, First, MI)	Company	Owner	Amount	Accidental Death Benefit

3. Will the life insurance applied for replace, or otherwise reduce in value, any existing life insurance or annuity now in force? ☐ ☐
4. Is this an internal replacement? (If **Yes**, include a Surrender form or Absolute Assignment form for the life insurance or annuity being replaced.) ☐ ☐
5. If current life insurance or annuity is being replaced, indicate the amount of surrender charges that will be assessed. \$ _____

Complete the replacement form(s) in accordance with applicable state replacement regulations. Replacement forms must be submitted with the application.

APPLICATION AND REPLACEMENT FORM(S) MUST BE COMPLETED AND DATED ON THE SAME DAY.

SECTION 6. FINANCIAL AND PURPOSE STATEMENT *(To be completed if amount applied for and in force with the Company is over [\$500,000].)*

a. Personal Finances					b. Business Finances		
Total Assets	Total Liabilities	Net Worth	Income from Occupation	Income from Other Sources	Annual Sales	Total Liabilities	Net Income
\$	\$	\$	\$	\$	\$	\$	\$

c. What is the purpose of this insurance?

☐ Family Protection ☐ Key Man☐ Buy/Sell *If checked, are partners applying for a like amount of coverage in force?*..... ☐ Yes ☐ No☐ Debt Protection *If checked, state loan amount and terms of agreement.* _____☐ Other _____d. Have you or your company ever filed for bankruptcy? ☐ Yes ☐ No*(If Yes, provide full details in "Additional Comments/Special Requests" section and include discharge date, if applicable.)***SECTION 7. ADDITIONAL COMMENTS/SPECIAL REQUESTS****SECTION 8. AUTHORIZATION AND ACKNOWLEDGMENT**

IMPORTANT FRAUD NOTICE: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

REQUEST FOR OWNER(S) TAXPAYER IDENTIFICATION NUMBER AND W-9 CERTIFICATION: Under penalties of perjury, I as the Owner certify that:

1. I am a U.S. citizen or other U.S. person, and the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and,
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

CERTIFICATION INSTRUCTIONS: You must cross out item 2 above, if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

By providing Your Authorization and Acknowledgement, You:

- **AGREE** any policy issued on this application will be deemed to be delivered in and governed by the laws of the jurisdiction where the Owner resides at the time of the application, as evidenced by the address provided in this application.
- **ACKNOWLEDGE** that the USA PATRIOT ACT requires all financial institutions, including insurance companies, to verify the identity of their customers. Providing your name, address, date of birth and taxpayer identification number allows Americo to verify your identity. Americo's verification process may include the use of third-party sources to verify the information you provide.

AUTHORIZE Americo to act on electronic and/or telephonic information from all parties specified in this application. This authorization may be revoked by sending written notice to Americo at its administrative office address. The absence of this authorization constitutes a rejection of this authorization.

You furthermore Agree to the following:

- The answers and statements in the application for insurance are the basis for any policy issued by Americo and no information will be considered to have been given to Americo unless it is stated in the application.
- Your sales representative does not have Americo's authorization to waive the answer to any question in this application, nor decide on the insurability, nor waive any of the company's underwriting requirements, nor change any contract.
- All answers and statements in this application for insurance, as they pertain to You, are true and complete to the best of Your knowledge and belief.

Signed at (City and State) _____ on (Month/Day/Year) _____

Signature of Proposed Insured (required)

Signature of Owner (if different than the Proposed Insured)

Printed Name of Witnessing Agent *(required)*

Signature of Witnessing Agent *(required)*

State:	District of Columbia	Filing Company:	Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI:	L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life		
Product Name:	1480: 5 & 10 Yr Term Series 414, 415		
Project Name/Number:	1480: 5 & 10 Yr Term Series 414, 415/1480: 5 & 10 Yr Term Series 414, 415		

Supporting Document Schedules

Satisfied - Item:	RDB
Comments:	
Attachment(s):	RDB p1480.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Application Process
Comments:	
Attachment(s):	Application Process.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	IIPRC - ICC15 414 Actuarial Memorandum.pdf IIPRC - ICC15 415 Actuarial Memorandum.pdf
Item Status:	
Status Date:	

Readability Certification

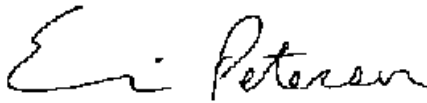
AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

NAIC number: 0449-61999

FEIN number: 35-0810610

I, Eric H. Petersen – FSA, MAAA hereby certify that the forms listed below have the following readability scores, as calculated by the Flesch Reading Ease Test.

<u>Form Number</u>	<u>Form Description</u>	<u>Readability Score</u>
AAA414	Five Year Term Life Insurance Policy	50.2
AAA415	Ten Year Term Life Insurance Policy	50.2
AAA5414	Application for Individual Life Insurance	50.6



Eric H. Petersen – FSA, MAAA

Assistant Vice President – Product Development

Title

September 1, 2015

Date

The **tele-application (tele-sale) process** takes the entire application over the telephone and the application is signed by voice signature.

At the beginning of the call, the applicant will be advised that the telephone application will be recorded. The applicant must acknowledge to the following aloud:

- 1) a telephone application for a life insurance policy with Americo Financial Life and Annuity Insurance company is being completed;
- 2) by agreeing to the completion of the telephone application process, his/her signature will be applied to the application documents and will be binding as if he/she had signed each document by a traditional handwritten method; and,
- 3) by agreeing to proceed with the telephone application process.

The agent will follow prescribed questions, which tracks the language of the approved application. The applicant's responses will be entered electronically through the Company's secure website and populated to applicable blanks on the approved application form.

The words "Signed by Voice Authorization" will overprint on the signature lines of the application and the completed application is attached to the policy at issue. Applicable signatures on all application documents will be affixed by voice signature. The entire application and voice signature is stored in an audio file format such as .WAV, MP3, etc., and placed in the Company's repository.

The **electronic process** requires the agent to meet with the applicant either in person or on the telephone.

If the Applicant is on the phone, an email, including a link to the completed application, is sent to each signor's email address. Each party logs into their email and clicks on the link that is provided. The link launches a secure site where the signor reviews the application and electronically applies their signature.

If the Applicant is signing in person, each signor clicks on a link via Americo's extranet that launches a secure site. Each signor reviews the application on screen and physically signs the screen. The signature is electronically applied to the application.

Once the application has been signed by the appropriate parties, the agent will complete the process by applying his/her signature.

The following security measures are taken to protect customer privacy for both the tele-sale and e-App methods:

- Agents will be required to authenticate with Americo's extranet by entering a unique user name and password.
- The extranet site uses a Secured Socket Layer (SSL) encryption certificate. All data collected and transferred to the company will be SSL encrypted and stored in database files at a company repository.
- A corporate fire wall protects these files from external threats and the files are secured by access groups. Only the employees who have a valid business need, as approved by management, have access to these files.

The **In Person Signing process** requires each signor clicks on a link via Americo's extranet that launches a secure site. Each signor reviews the application on screen and physically signs the screen. The signature is electronically applied to the application.



ACTUARIAL DESCRIPTION

Form Number: ICC15 414

Product Description

10 Year level term insurance with level premiums guaranteed for 10 years. After 10 years, the policy expires. The product provides no cash surrender values or paid-up nonforfeiture values.

Issue Age Range

Minimum Age – 18
Maximum Age – 60

The minimum specified amount for this product is \$25,000.

Basis of Values

2001 CSO (ANB) sex distinct and smoker/nonsmoker ultimate mortality tables and 3.5% interest for reserves. Semi-continuous functions are used.

Reserves held will be the greater of Segmented method, or Unitary method with $\frac{1}{2} c_x$ as a floor.

Cash Values

Since this is a level term product with level premiums which provides no guaranteed nonforfeiture or endowment benefits or renewal thereof, and expires after 10 years which at the maximum issue age is before age 71, cash values are not required for this product under the NAIC Standard Nonforfeiture Law for Life Insurance, model #808.

Nonforfeiture values available under the policy equal or exceed the minimums required under the NAIC Standard Nonforfeiture Law for Life Insurance, model #808, for all ages, rate classes and durations at which the policy is available.

Definitions

FPT	=	Refers to Full Preliminary Term Reserve Method. This method is acceptable because the net premiums are always less than ${}_{19}P_{x+1}$ for all rate classes and issue ages.
x	=	Age near birthday at issue
n	=	Benefit Period
m	=	Premium paying period (in this case $m=n$)
k	=	Number of years from issue to beginning of the current segment
t	=	Duration from beginning of current segment; 1,2,3...
j	=	Length of the current segment
GP_{x+k+t}	=	Gross premium at attained age $x+k+t$
${}_tV_x$	=	Reserve, t years into the segment beginning at age $x+k$
r_{k+t}	=	Ratio of net to gross premiums for the policy year $k+t$ (Note: r_{k+t} is constant within each segment)

Unitary Reserve Formulas

$$r_F = \frac{\int_0^{n-1} b v^s {}_s p_{x+1} \mu(x+1+s) ds}{\sum_{i=0}^{n-2} GP_{x+i+1} v^i {}_i p_{x+1}}$$

$${}_t V_x = \int_0^{n-t} b v^s {}_s p_{x+t} \mu(x+t+s) - r_F \sum_{i=0}^{n-t-1} GP_{x+t+i} v^i {}_i p_{x+t}$$

Segmented Reserve Formulas

$$r_{k+t} = \frac{\int_0^j b v^s {}_s p_{x+k} \mu(x+k+s) ds}{\sum_{i=1}^j GP_{x+k+i-1} v^{i-1} {}_{i-1} p_{x+k}}$$

Note: In first segment only a CRVM first-year allowance is added to the numerator.

$${}_{t+k} V_x = \int_0^{n-t-k} b v^s {}_s p_{x+k} \mu(x+k+s) ds - \sum_{i=1}^{n-t-k} r_{k+t+i} GP_{x+k+t+i-1} v^{i-1} {}_{i-1} p_{x+k+t}$$

The length of each segment is the period from the end of the prior segment (from policy inception, for the first segment) to the end of the policy year for which the yearly rate of increase of the gross premium is less than the yearly rate of increase of the valuation mortality rate.

Sample Calculation of Reserves

Issue Age = 35, Male, Non-Nicotine, \$100,000,

The initial segment length is 10 years

Duration 3:

Unitary Reserve:

$${}_2V_{35} = 0.70 \text{ per thousand}$$

$${}_3V_{35} = 0.98 \text{ per thousand}$$

$$\text{Net Premium} = \text{Gross Premium} \times r_f = 1.43 \text{ per thousand}$$

Therefore, the unitary mean reserve for duration 3 is:

$$\frac{1}{2} ({}_2V_{35} + {}_3V_{35} + \text{Net Premium}) = \frac{1}{2} (0.70 + 0.98 + 1.43) = 1.55$$

Segmented Reserve:

$${}_2V_{35} = 0.70 \text{ per thousand}$$

$${}_3V_{35} = 0.98 \text{ per thousand}$$

$$\text{Net Premium} = \text{Gross Premium} \times r_k = 1.43 \text{ per thousand}$$

Therefore, the segmented mean reserve for duration 3 is:

$$\frac{1}{2} ({}_2V_{35} + {}_3V_{35} + \text{Net Premium}) = \frac{1}{2} (0.70 + 0.98 + 1.43) = 1.55$$

The mean reserve is the greatest of

(1) the tabular cost of insurance = 0.58;

(2) the unitary reserve = 1.55

(3) the segmented reserve = 1.55

Thus, 1.55 per thousand

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY



Jamie S. Nickerson, ASA, MAAA

Actuarial Senior Analyst - Pricing

Title

July 1, 2015

Date



ACTUARIAL DESCRIPTION

Form Number: ICC15 415

Product Description

5 Year level term insurance with level premiums guaranteed for 5 years. After 5 years, the policy expires. The product provides no cash surrender values or paid-up nonforfeiture values.

Issue Age Range

Minimum Age – 18
Maximum Age – 65

The minimum specified amount for this product is \$25,000.

Basis of Values

2001 CSO (ANB) sex distinct and smoker/nonsmoker ultimate mortality tables and 3.5% interest for reserves. Semi-continuous functions are used.

Reserves held will be the greater of Segmented method, or Unitary method with $\frac{1}{2} c_x$ as a floor.

Cash Values

Since this is a level term product with level premiums which provides no guaranteed nonforfeiture or endowment benefits or renewal thereof, and expires after 5 years which at the maximum issue age is before age 71, cash values are not required for this product under the NAIC Standard Nonforfeiture Law for Life Insurance, model #808.

Nonforfeiture values available under the policy equal or exceed the minimums required under the NAIC Standard Nonforfeiture Law for Life Insurance, model #808, for all ages, rate classes and durations at which the policy is available.

Definitions

FPT	=	Refers to Full Preliminary Term Reserve Method. This method is acceptable because the net premiums are always less than ${}_{19}P_{x+1}$ for all rate classes and issue ages.
x	=	Age near birthday at issue
n	=	Benefit Period
m	=	Premium paying period (in this case $m=n$)
k	=	Number of years from issue to beginning of the current segment
t	=	Duration from beginning of current segment; 1,2,3...
j	=	Length of the current segment
GP_{x+k+t}	=	Gross premium at attained age $x+k+t$
${}_tV_x$	=	Reserve, t years into the segment beginning at age $x+k$
r_{k+t}	=	Ratio of net to gross premiums for the policy year $k+t$ (Note: r_{k+t} is constant within each segment)

Unitary Reserve Formulas

$$r_F = \frac{\int_0^{n-1} b v^s {}_s p_{x+1} \mu(x+1+s) ds}{\sum_{i=0}^{n-2} GP_{x+i+1} v^i {}_i p_{x+1}}$$

$${}_t V_x = \int_0^{n-t} b v^s {}_s p_{x+t} \mu(x+t+s) - r_F \sum_{i=0}^{n-t-1} GP_{x+t+i} v^i {}_i p_{x+t}$$

Segmented Reserve Formulas

$$r_{k+t} = \frac{\int_0^j b v^s {}_s p_{x+k} \mu(x+k+s) ds}{\sum_{i=1}^j GP_{x+k+i-1} v^{i-1} {}_{i-1} p_{x+k}}$$

Note: In first segment only a CRVM first-year allowance is added to the numerator.

$${}_{t+k} V_x = \int_0^{n-t-k} b v^s {}_s p_{x+k} \mu(x+k+s) ds - \sum_{i=1}^{n-t-k} r_{k+t+i} GP_{x+k+t+i-1} v^{i-1} {}_{i-1} p_{x+k+t}$$

The length of each segment is the period from the end of the prior segment (from policy inception, for the first segment) to the end of the policy year for which the yearly rate of increase of the gross premium is less than the yearly rate of increase of the valuation mortality rate.

Sample Calculation of Reserves

Issue Age = 35, Male, Non-Nicotine, \$100,000,

The initial segment length is 5 years

Duration 3:

Unitary Reserve:

$${}_2V_{35} = 0.20 \text{ per thousand}$$

$${}_3V_{35} = 0.22 \text{ per thousand}$$

$$\text{Net Premium} = \text{Gross Premium} \times r_f = 1.19 \text{ per thousand}$$

Therefore, the unitary mean reserve for duration 3 is:

$$\frac{1}{2} ({}_2V_{35} + {}_3V_{35} + \text{Net Premium}) = \frac{1}{2} (0.20 + 0.22 + 1.19) = 0.81$$

Segmented Reserve:

$${}_2V_{35} = 0.20 \text{ per thousand}$$

$${}_3V_{35} = 0.22 \text{ per thousand}$$

$$\text{Net Premium} = \text{Gross Premium} \times r_k = 1.19 \text{ per thousand}$$

Therefore, the segmented mean reserve for duration 3 is:

$$\frac{1}{2} ({}_2V_{35} + {}_3V_{35} + \text{Net Premium}) = \frac{1}{2} (0.20 + 0.22 + 1.19) = 0.81$$

The mean reserve is the greatest of

(1) the tabular cost of insurance = 0.58;

(2) the unitary reserve = 0.81

(3) the segmented reserve = 0.81

Thus, 0.81 per thousand

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY



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Date